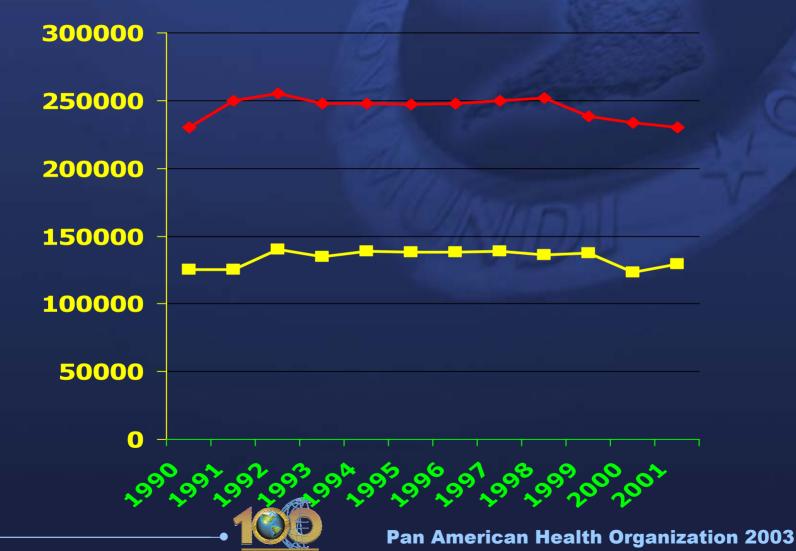
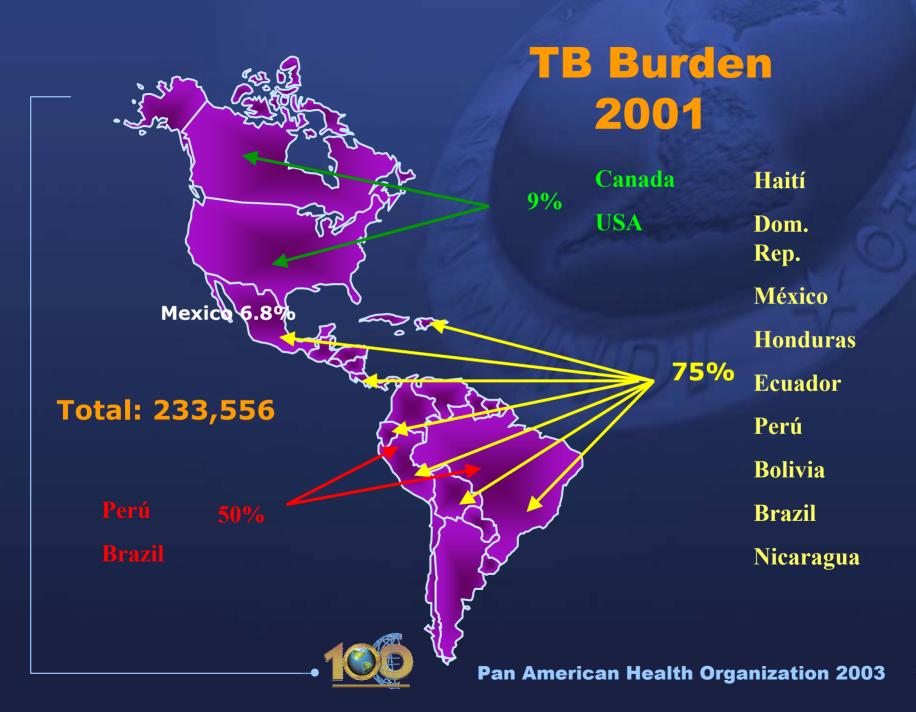
TB Situation in the Region of the Americas

A. David Brandling-Bennett
Deputy Director
Pan American Health Organization



Trends of Reported Total TB Cases and SS+ in the Region, 1990-2001





Estimated TB Incidence Rates in Latin America, 2002

Estimated TB Incidence Rates per 100,000

> 85

Bolivia

Dominican

Republic

Ecuador

Guatemala

Guyana

Haiti

Honduras

Nicaragua

Peru

>50-84

Bahamas

Brazil

Colombia

El Salvador

Panama

Paraguay

Suriname

25-49

Argentina

Belize

Chile

Mexico

Uruguay

Venezuela

<24

Costa Rica

Cuba

Canada

USA

English

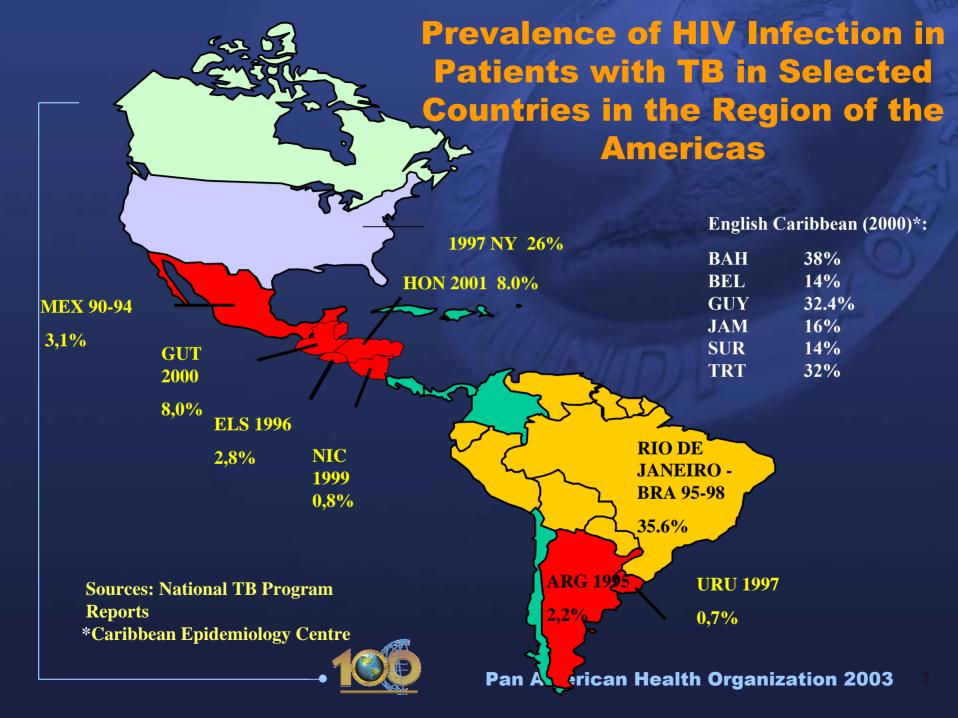
Caribbean

Puerto

Rico

Jamaica



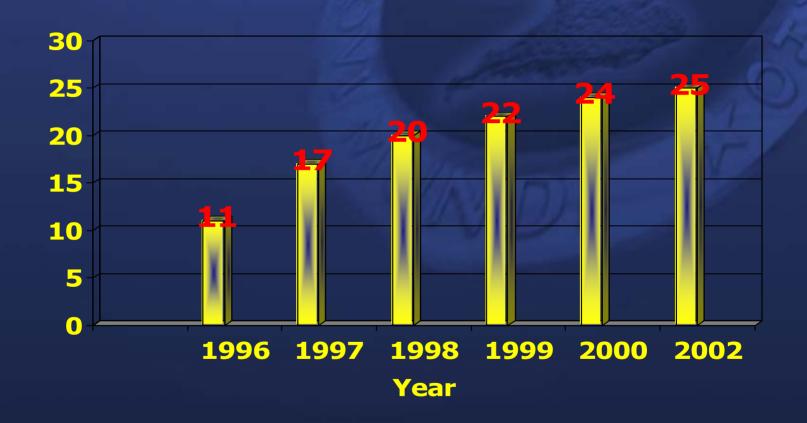


Studies of Anti-TB Drug Resistance in the **Americas 2002** Studies completed In process Planning No Project

Primary Resistance to Anti-TB Drugs in Latin America, 1994-2002

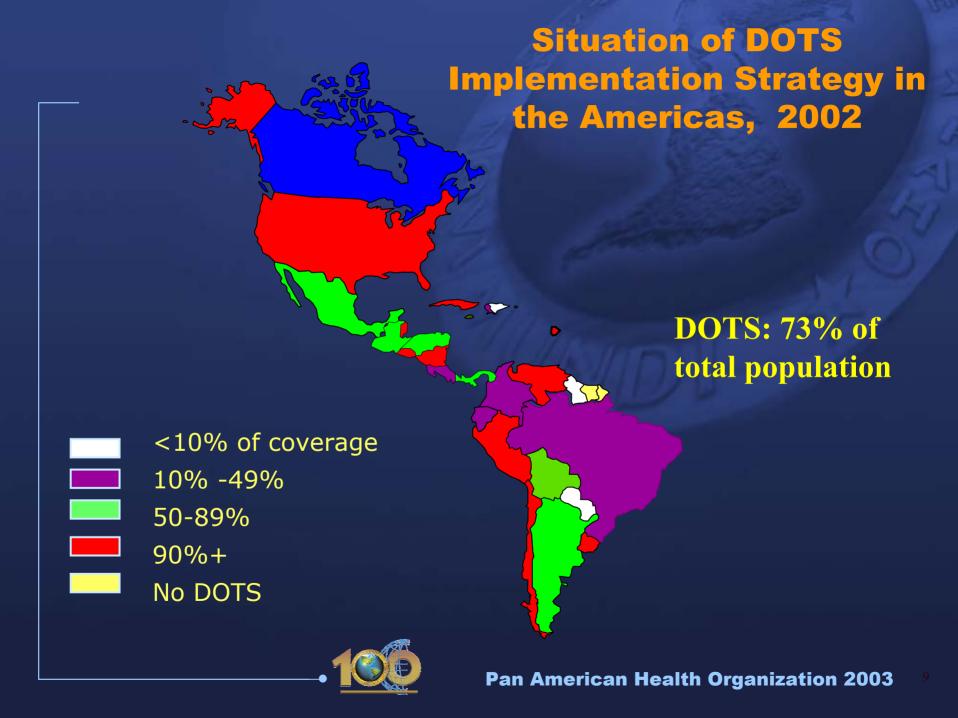
Country	Ison	Rifamp	Strep	Eta	Rp ^c	MDR ^d
	%	%	%	0/0	%	0/0
Argentina ^a	2.9	1.1	6.6	1.9	-	0.9
Bolivia ^a	10.2	6.0	9.8	5.0	23.9	1.2
Brazil ^a	5.9	1.1	3.6	0.1	8.6	0.9
Colombia ^e	8.5	0.5	10.0	0.5	13.4	1.5
Cubab	0.7	0.0	3.9	0.4	4.6	0.0
Nicaragua ^e	9.4	1.8	8.7	0.7	15.6	1.2
Peru ^e	9.0	4.0	11.7	2.6	18.0	3.0
Dom. Rep ^a	19.8	16.2	21.1	3.6	40.6	6.6
Chile ^b	3.8	0.7	7.4	0.0	9.0	0.4
Uruguay ^b	0.4	0.4	0.8	0.0	1.7	0.0
Venezuela ^e	1.8	0.5	2.7	0.5	4.1	0.9

Number of Countries Applying the DOTS Strategy, 1996-2002



*Does not include Canada





Coverage of the DOTS Strategy in the Countries of the Region 2002

90%+	50-89%	10-49%	<10%	No DOTS
Chile	Bolivia	Colombia	Paraguay	Suriname
Cuba	Guatemala	Ecuador	Guyana	English Caribbean
Nicaragua	Honduras	Costa Rica	Dom. Republic	
Perú	Argentina	Haiti	CHILL	A TOP OF STREET
Puerto Rico	Panamá	Brazil		
Uruguay	México			
USA				
Venezuela				
El Salvador				
Belize				

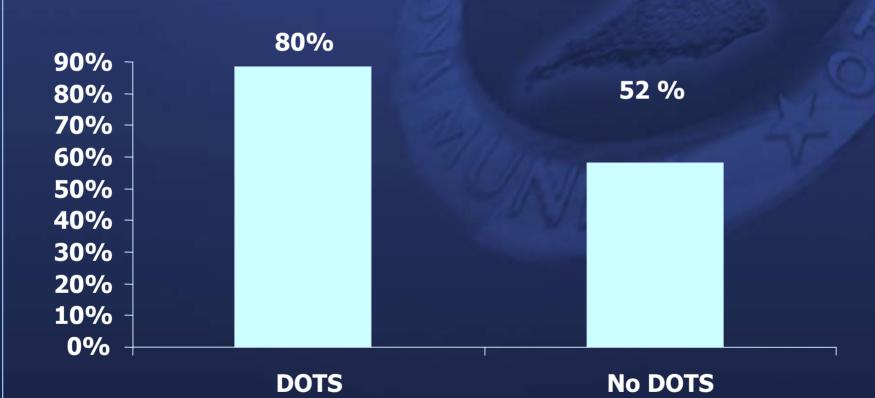
Countries in same category

since 2000

Countries that have moved up a category

Countries that have improved coverage within same category

Treatment Success of SS+ Cases in Countries that Apply and Do Not Apply the DOTS Strategy, 2000



Countries in the Americas



Current Limitations for TB Control in the Region of the Americas

- Political support for the NTP
- Process of Health Sector Reform
- Decentralization of treatment
- Human resources (management) for the NTP
- Resources for training and supervision
- Rotation of management personnel
- Irregular drug supply
- Organization of lab networks and quality control
- Registration systems
- Analysis of cohorts



Plan of Action by the Regional TB Program, PAHO (2002-2003)

OBJECTIVE

Help countries on the Americas implement and promote the DOTS strategy

STRATEGY

2002-2003 action based on the magnitude of TB problem in each country, with new strategies to implement or expand DOTS

GOAL

All countries in the Region will have implemented and expanded the DOTS Strategy nationally by the end of year 2005



Principal challenges

- Obtain political commitment for DOTS in Brazil
- Continue support for NTP in Peru
- Expand DOTS in all countries to achieve total coverage by 2005
- Develop laboratory capacity
- Improve the regional capacity to monitor country performance
- Continue surveillance of drug resistance
- Improve coordination with HIV/AIDS programs
- Improve access and DOTS coverage for higher risk groups
- Use health sector reform to improve NTPs

